

## Changes in the SHARP Unit

With mixed emotion, we would like to announce that Joe Coyle has left his position as the Infection Control Consultant for the SHARP Unit. Joe served in this position since 2011, and has been a great asset to our program.

Fortunately, he hasn't gone far, as he has accepted a position as the Viral Hepatitis Surveillance Unit Coordinator for MDCH. Joe will manage Hepatitis Surveillance staff and lead in the coordination and implementation of the new Viral Hepatitis Prevention and Surveillance program.

Although we will miss him in the SHARP Unit, please join us in congratulating Joe on his new position!



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## Norovirus in Healthcare Settings

Last year was a record breaking year for norovirus outbreaks. In Michigan, a total of 198 outbreaks were reported during 2012. The majority (56%) of outbreaks were reported in healthcare facilities. Norovirus symptoms include vomiting and diarrhea which start 12–48 hours after exposure and can last for 1–2 days. The virus is extremely contagious and is typically spread from person-to-person.

Frequent hand washing with soap and water for a minimum for 20 seconds, environmental decontamination, and staying home when sick are the best ways of reducing transmission. Hand sanitizers are not effective at killing the virus and should not be used during an outbreak. Ill employees should not return to work until 72 hours after symptoms resolve. Cleaning with bleach is the most effective method of disinfecting contaminated surfaces.

Facilities should report suspected norovirus outbreaks to their local health department. Free testing can be arranged with the Michigan Department of Community Health Bureau of Laboratories. For more information regarding environmental cleaning and norovirus, please visit:

[www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo) or contact the Michigan Department of Community Health at (517) 335-8165.

—Jennifer Beggs, [BeggsJ@michigan.gov](mailto:BeggsJ@michigan.gov)

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director



## NHSN Continues to Keep IPs Busy

2013 is a new year and with it comes new changes and challenges with NHSN. Effective January 1, acute care facilities participating in the Inpatient Prospective Payment System (IPPS) through CMS are required to begin reporting MRSA bacteremias and *C.difficile* LabID Events into NHSN, as well as begin using the Healthcare Personnel Flu Vaccination module within the Healthcare Personnel Safety Component. These modules are in addition to modules previously required by CMS: CLABSI which became required in January 2011, and CAUTIs and SSIs which became required in January 2012.

In addition to new CMS reporting requirements, healthcare facilities and IPs are also faced with revised NHSN definitions and reporting forms. New definitions and reporting forms will be implemented with the next NHSN release. CDC is asking that facilities not enter 2013 data into NHSN until after this release on February 16th. If 2013 data is entered prior to this, the data may be lost and will not be counted in 2013 data for CMS.

Some of the new changes for 2013 are welcomed by IPs. Hospitals will no longer need to follow implant procedures performed in 2013 for one year. Instead, CDC has developed a list of 30-day and 90-day follow-up periods for specific deep incisional and organ/space SSIs. This list can be found in the Surgical Site Infection (SSI) Event protocol on the NHSN website.

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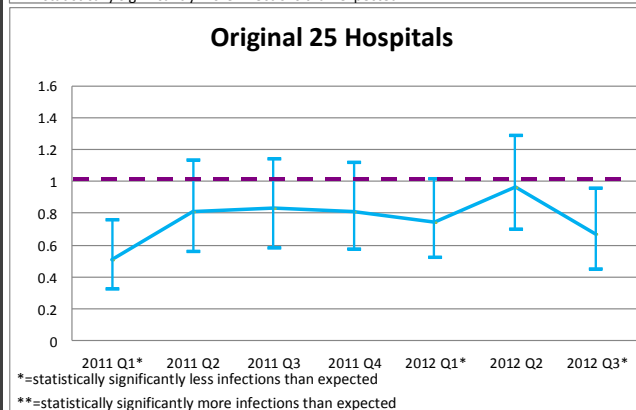
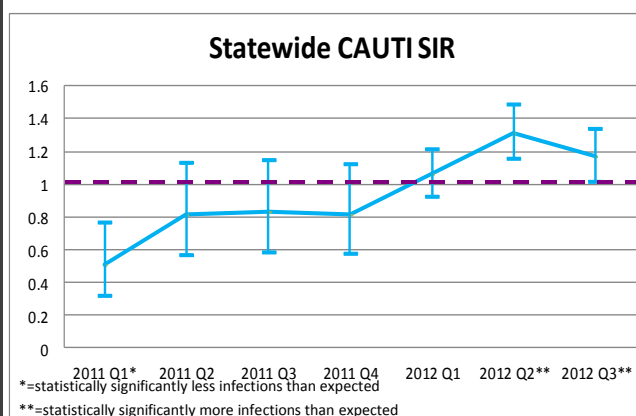
## Michigan 2011-2012 CAUTI Trends

The SHARP Unit accepts all catheter-associated urinary tract infection (CAUTI) data shared voluntarily from acute care hospitals in Michigan. Although reporting CAUTI surveillance data to the SHARP Unit is voluntary, the Centers for Medicare and Medicaid Services (CMS) requires that acute-care hospitals report CAUTI data from their adult and pediatric ICUs via the National Healthcare Safety Network (NHSN), as of January 2012.

Standardized Infection Ratios (SIRs) are calculated in NHSN, and compare time-

specific Michigan CAUTI data to 2009 risk-stratified national CAUTI baseline data. An SIR is a ratio of observed infections to expected infections, calculated from the baseline data. The device utilization (DU) ratio is also provided, which compares urinary catheter days to patient days.

SIR value	SIR Interpretation
<1	Fewer observed infections than expected
1	Same number of infections as expected
>1	More observed infections than expected



quarters of 2012. The original 25-hospital subset's DU ratio continued to decrease at a steady rate throughout 2012, as seen in the graph on the right. Hospitals that sustain efforts to reduce catheter usage and prevent infections can maintain lower infections.

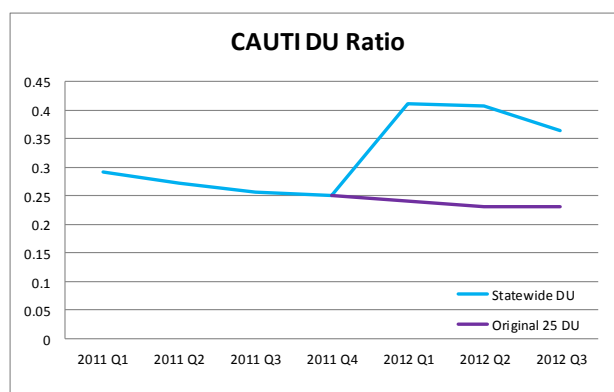
—Allison Gibson Murad

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device utilization (DU) ratio is also provided, which compares urinary catheter days to patient days.

With the CMS mandate beginning in January 2012, the number of hospitals sharing CAUTI data with the SHARP Unit jumped from 25 to 69. Along with the increase in hospital participation, the CAUTI SIR also increased, and Michigan hospitals experienced statistically significantly more infections than expected by the second quarter of 2012. However, when only a subset of the original 25 hospitals were viewed in 2012, the SIR remained low during the first three quarters of 2012. These results can be seen in the graphs on the left.

The overall Michigan DU ratio spiked at the beginning of 2012, and remained high throughout the first three



## MRSA/CDI Initiative Update

### Site Visits

The 2<sup>nd</sup> round of 8 regional site visits began January 22, 2013. Regions 2S and Region 6 have met with Gail to discuss their progress and/or any barriers in implementing their actions plans. At these visits, the participating champions and staff sit in round table discussions and share what actions are working and what impact their efforts have had. These meetings provide a rich exchange of ideas, programs, and networking between facility champions. Further site visits will be scheduled by Gail and completed by August 2013.

At these visits, Gail has been exploring and asking what has been the most valuable aspect of participating in the initiative. Thus far, the responses have been “networking and sharing”. Gail will begin to have quarterly conference calls with all champions to broaden the networking opportunities and shared learning.

### Train-the-Trainer Program Development

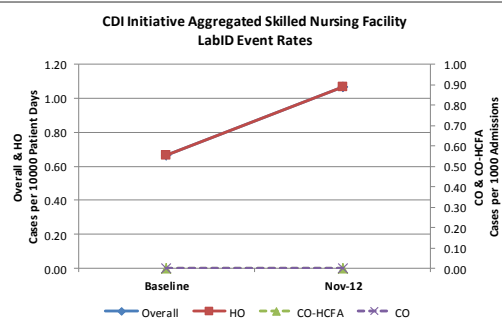
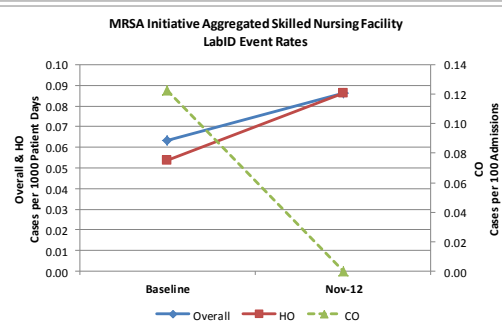
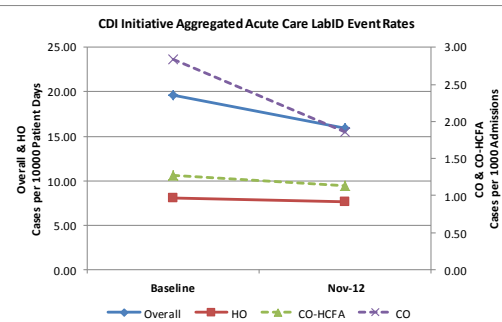
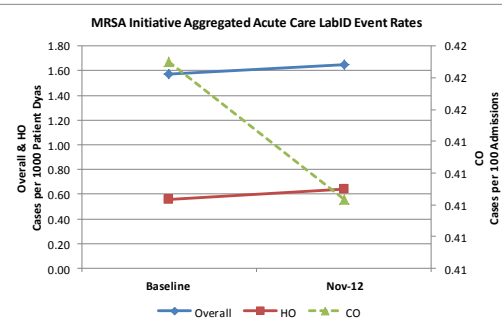
At the September 14, 2012 Collaborative meeting, it had been decided to produce a Train-the-Trainer educational product targeted and distributed to local public health professionals and long term care health professionals. A conference call was held with the Train-the-Trainer Education Committee on October 23, 2012 to establish the framework and content matter of the MRSA and CDI Train-the-Trainer education program. The targeted date for completion is April 1, 2013. Final draft is in process, and it will then be presented to the MRSA CDI Prevention Initiative Committee for review and approval for distribution.

—Gail Denkins, [DenkinsG@michigan.gov](mailto:DenkinsG@michigan.gov)

—Bryan Buckley, [BuckleyB2@michigan.gov](mailto:BuckleyB2@michigan.gov)

### Data Collection and Reports

Hospitals and SNFs have been submitting MRSA and CDI infections (and denominators) to MDCH on a monthly basis for the baseline period of data collection (May-Oct 2012). The baseline period has ended and now the baseline date will be used as a marker to measure the impact of the facilities action plans. The following graphs show the aggregate MRSA and CDI monthly LabID event rates for hospitals and SNFs participating in the initiative.



**KEY:** HO (Healthcare-onset) specimen Incident Density >3 days after admission, CO (Community-onset) specimen Prevalence <3 days after admission, CO-HCFA (Community-onset, Healthcare-associated) specimen Prevalence <3 days after admission and previous positive within 4 weeks.

## NHSN Continues to Keep IPs Busy

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Another change is a “2-day calendar” rule that is added for determining healthcare-associated infection, device-associated infection, location of attribution, and transfers. Thus, an infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3<sup>rd</sup> hospital day (day of hospital admission is day 1.) This replaces the old “48 hour” rule.

Another welcome change is the switch from using subjective criteria to identify a Ventilator-Associated Pneumonia (VAP) to reporting Ventilator-Associated Events (VAEs) for adults 18 years of age and older. Although VAPs and VAEs are not reportable to CMS, many hospitals are using this module to monitor their ventilator-associated infections.

All of these changes present additional challenges for the facility’s Infection Prevention staff. Assistance can be obtained by emailing the CDC Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov), or by contacting Judy Weber ([weberj4@michigan.gov](mailto:weberj4@michigan.gov)) or Allie Murad ([murada@michigan.gov](mailto:murada@michigan.gov)) in the SHARP Unit. Judy and Allie can also be contacted through their general office number at 517-335-8165.

—Judy Weber

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# Carbapenem-Resistant *Enterobacteriaceae* (CRE) Surveillance and Prevention Initiative Update

## Data Collection

The CRE Surveillance and Prevention Initiative is nearing the end of the baseline data collection period (September 1, 2012—February 28, 2013). Facilities enrolled in the Initiative have received 2 CRE Monthly Reports thus far reflecting data from September through December. Reports detail facility-specific data as well as overall initiative data.



## CRE Prevention Plans

Enrolled facilities are gearing up for the implementation and prevention phase of the initiative. A webinar was held on January 30<sup>th</sup> that discussed multiple intervention options that facilities could explore. Facilities will choose interventions that best meet their facility needs and submit their CRE Prevention Plan on February 27<sup>th</sup>. Implementation of these interventions will begin March 1<sup>st</sup>.

## Website

The CRE Initiative's webpage is now live. Please go to [www.michigan.gov/hai](http://www.michigan.gov/hai) and look under MDCH SHARP HAI Prevention Initiatives. The site includes Initiative updates, presentations from the CRE Educational Conference, Initiative Tools, General Resources, and a list of the CRE Collaborative members

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—Bryan Buckley, [BuckleyB2@michigan.gov](mailto:BuckleyB2@michigan.gov)

## Data Highlights

Month	September	October	November	December	Overall
Number of cases	15	14	16	20	65
Mean Age (years)	63	62	62	58	61
Organism (%)					
<i>Klebsiella pneumoniae</i>	13 (87.7)	14 (100)	14 (88.5)	16 (80)	57 (87.7)
<i>Escherichia coli</i>	2 (13.3)	0 (0)	2 (12.5)	4 (20)	8 (12.3)
Patient Type (%)					
Inpatient: ICU	4 (26.7)	9 (64.3)	6 (37.5)	5 (25)	24 (36.9)
Inpatient: Non-ICU	11 (73.3)	4 (28.6)	10 (62.5)	9 (45)	34 (52.3)
Referral Patient	0 (0)	1 (7.1)	0 (0)	0 (0)	1 (1.5)
Outpatient	0 (0)	0 (0)	0 (0)	6 (30)	6 (9.2)

## Save the Date

2/27— NHSN User Group Call and Case Studies

4/12— MPHA Epidemiology Conference, Ann Arbor

5/16— MDCH Communicable Disease Conference, East Lansing

## Helpful Links

[www.michigan.gov/hai](http://www.michigan.gov/hai)  
[www.mhakeystonecenter.org](http://www.mhakeystonecenter.org)  
[www.mpro.org](http://www.mpro.org)  
[www.mi-marr.org](http://www.mi-marr.org)  
[www.msipc.org](http://www.msipc.org)  
[www.apic.org](http://www.apic.org)  
[www.hhs.gov/ash/initiatives/hai/](http://www.hhs.gov/ash/initiatives/hai/)  
[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)  
[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)  
[www.cdc.gov/HAI/prevent/prevention.html](http://www.cdc.gov/HAI/prevent/prevention.html)  
[www.cdc.gov/HAI/organisms/cre](http://www.cdc.gov/HAI/organisms/cre)  
[www.cdc.gov/HAI/organisms/cdiff/Cdiff\\_infect.html](http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html)

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